



PTO/SB/21 (09-06)

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**TRANSMITTAL  
FORM**

(to be used for all correspondence after initial filing)

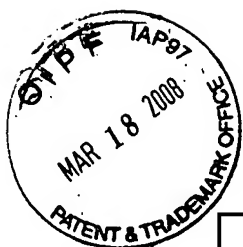
<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	<b>10/662,877-Conf. #1150</b>	
	Filing Date	<b>September 16, 2003</b>	
	First Named Inventor	<b>Richard J. Whitbourne</b>	
	Art Unit	<b>3773</b>	
	Examiner Name	<b>Julian W. Woo</b>	
Total Number of Pages in This Submission	<b>13</b>	Attorney Docket Number	<b>32286-191984</b>

**ENCLOSURES (Check all that apply)**

<input checked="" type="checkbox"/> <b>Fee Transmittal Form</b>  <input type="checkbox"/> Issue Fee Transmittal  <input type="checkbox"/> Request for Corrected Notice of Recordation of Assignment  <input type="checkbox"/> After Final  <input type="checkbox"/> Affidavits/declaration(s)  <input type="checkbox"/> Response  <input type="checkbox"/> Inventor Declaration  <input checked="" type="checkbox"/> <b>Response to Notice of Non-Compliant Amendment</b>  <input type="checkbox"/> Application Data Sheet  <input type="checkbox"/> Copy of Notice to File Missing Parts  <input type="checkbox"/> Assignment & Recordation Cover	<input type="checkbox"/> Request for Corrected Filing Receipt  <input type="checkbox"/> Licensing-related Papers  <input type="checkbox"/> Petition for Extension of Time  <input type="checkbox"/> Petition to Convert to a Provisional Application  <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address  <input type="checkbox"/> Terminal Disclaimer  <input type="checkbox"/> Request for Corrected Filing Receipt  <input type="checkbox"/> CD, Number of CD(s) _____  <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC  <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences  <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)  <input type="checkbox"/> Proprietary Information  <input type="checkbox"/> Status Letter  <input type="checkbox"/> Other Enclosure(s) (please identify below):
<b>Remarks</b>		

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm Name	<b>VENABLE LLP</b>		
Signature			
Printed name	<b>Zayd Alathari</b>		
Date	<b>March 18, 2008</b>	Reg. No.	<b>42,256</b>



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<b>Effective on 12/08/2004.</b> <b>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</b> <b>FEE TRANSMITTAL</b> <b>For FY 2007</b>		<b>Complete if Known</b>	
		Application Number	10/662,877-Conf. #1150
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Filing Date	September 16, 2003
TOTAL AMOUNT OF PAYMENT (\$)		First Named Inventor	Richard J. Whitbourne
		Examiner Name	Julian W. Woo
- 0 -		Art Unit	1150
		Attorney Docket No.	32286-191984

**METHOD OF PAYMENT** (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify)

☒ Deposit Account Deposit Account Number: **22-0261** Deposit Account Name: **Venable LLP**

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

**FEE CALCULATION**

**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	310	155	510	255	210	105	
Design	210	105	100	50	130	65	
Plant	210	105	310	155	160	80	
Reissue	310	155	510	255	620	310	
Provisional	210	105	0	0	0	0	

**2. EXCESS CLAIM FEES**

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	210	105
Multiple dependent claims	370	185

<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>	
25	- 20 =	x	=	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
HP = highest number of total claims paid for, if greater than 20.					
<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>		
8	- 3 =	x	=		
HP = highest number of independent claims paid for, if greater than 3.					

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
	- 100 =	/50	(round up to a whole number) x	=

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge):

<b>SUBMITTED BY</b>		<b>Registration No.</b>	<b>Telephone</b>
Signature		<b>42,256</b>	<b>(202) 344-4000</b>
Name (Print/Type)	<b>Zayd Alathari</b>	<b>Date</b>	<b>March 18, 2008</b>

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